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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/950,369 09/10/2001 PAT 6,644,309

which is a CIP of 09/879,517 06/12/2001

which is a CIP of 09/758,776 01/12/2001 PAT 6,722,364

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NC	SHEETS  DRAWING 4	TOTAL  CLAIMS 25	INDEPENDENT  CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Medicament respiratory delivery device and method